



Testimony of AARP before the Aging Committee in Support of:
H.B. No. 6462—AAC A Pilot Program to Expand the Duties of the State LTC Ombudsman
H.B. No. 6396—AAC Livable Communities
S.B. No. 884—AA Increasing Eligibility for Home and Community-Based Care for Elderly
Persons and those with Alzheimer's Disease; and
S.B. No. 883—AAC a Community Spouse's Allowable Assets

February 26, 2013

AARP is a nonprofit, nonpartisan organization, with a membership of more than 37 million, that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment security and retirement planning. A major priority for AARP is ensuring people 50+ are able to find quality care they and their family members need, when they want it and in the setting of their choice. We are pleased to offer the following comments in support of H.B. No. 6462, H.B. No. 6396, S.B. No. 884, and S.B. 883.

**AARP Supports Expanding the Purview of Connecticut's Long-Term Care Ombudsman to
Include Non-Institutional Settings**
H.B. 6462

AARP supports the development of a plan and pilot program to expand the State Ombudsman's oversight to home and community based services. H.B. 6462 requires the State Ombudsman to convene a working group that will evaluate national best-practices to consider complaints from individuals served through home and community based services, develop appropriate training tools, and identify funding resources. Legislative recommendations from this working group will be presented to the General Assembly's committees of cognizance and duties would be expanded for the Long-Term Care Ombudsman to include a pilot program for home and community based services in Hartford County starting on or after July 2014.

AARP strongly supports the intention of H.B. 6462 to expand the purview of the ombudsman program to non-institutional care. The expansion is particularly important now that Connecticut is undertaking major efforts to rebalance our long-term care system through programs like Money Follows the Person, 1915(i) amendments, and the Balance Incentive Payment (BIP) program, all of which seek to shift funding from nursing facility care to home and community based care.

AARP Supports a Centralized Portal for Livable Community Resources and Best-Practices
H.B. 6396

AARP supports H.B. 6396, which would establish a central hub for resources and best practices in designing livable communities. The proposal would make it easier for local town leaders to learn from successful efforts in Connecticut and implement those strategies in their local communities.

Since 1990, roughly 90 percent of older Americans have stayed in the same county they've lived in during their working years – most in the very same home. And we expect this to continue. AARP research has found that more than 8 of every 10 boomers want to remain in their current home or community during retirement in order to stay close to their families.

A key element to supporting consumer preference to age in place, however, depends on the ability of towns and cities to accommodate aging residents by creating livable communities. This means adapting and building upon existing programs, services, and infrastructure (and oftentimes within existing budgets) to make them accessible and safe for residents with varying needs and capacities. Residents of all ages benefit from these changes, which include: safer, barrier-free buildings and streets, better access to local businesses and more green spaces.

**AARP Supports Expanded Eligibility & Increased Funding for
Home and Community Based Options
S.B. 884**

AARP supports expanding eligibility for the state-funded Connecticut Home Care Program for Elders (CHCPE) and Alzheimer's respite care, provided the change does not negatively impact the ability of current enrollees to get needed services or supports. AARP also supports reducing or eliminating the co-pay for the CHCPE. Both the CHCPE and Alzheimer's respite care are cost-effective investments that respect consumer preference to age-in-place. On average, the cost of serving a Medicaid participant in the community is approximately one third of the average cost of serving someone in an institution. We urge the Committee to consider expanding both programs and adequately fund the programs so more residents can receive services at home.

**AARP Support Changes in Medicaid that Allow Married Couples to Keep Additional Assets in
order to Support the Community Spouse's Needs
S.B. 883**

S.B. 883 would support a community spouse living in the community by reinstating the maximum community spouse protected amount (CSPA) that was in effect between July 2010 and June 2011. The proposed change would help a healthy spouse pay for his/her own uncovered medical and personal expenses to remain independent in the community, while the other spouse receives Medicaid services in a nursing facility. This is not just more humane, but also fiscally prudent. By allowing the healthy spouse to keep adequate resources, he/she can stay at home and delay or avoid nursing home placement. AARP strongly supports this change.

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